

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013647

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 788

FILED MAR 19 1962

VS 300  
Rev. 4/59

14002

24000

3

4 1

5 1

6

7 0

8 2

9 141.9

10

11

12 45-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN ClaytonLength of stay in 1b  
2 weeksc. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION County HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY  
OR TOWN LemayInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

127 E. Cartwright

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Maude

M.

Robinson

4. DATE  
OF DEATH

Month

Day

Year

March

6

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/28/1889

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Housework

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (City and state or country)

Fisk, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Al Spruell

## 13b. MOTHER'S MAIDEN NAME

Paulina Johnson

## 14. NAME OF HUSBAND OR WIFE

Marrook

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Charles Robinson 321 Goetz, Lemay, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pneumonia

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

cardiac arrest &amp; cerebral ischemia

## DUE TO (c)

op for carcinoma of tongue

INTERVAL BETWEEN  
ONSET AND DEATH

3 days

4 hr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 20 Feb '62 to 6 March '62 and last saw her  
him alive on 5 March '62  
Death occurred at 1:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

(State)

Burial

March 8, 1962

Park Lawn Cemetery

Lemay, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

C. Hoffmeister Mortuaries  
7814 So. Broadway St. Louis, Mo.

3-7-62

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John J. Hennehy*

Licensed Embalmer No.

*4194*

P. O. Address

*St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. John Kendig  
Beaumont Bldg.